



KPERS-101  
Revised 05-2000

**Kansas Public Employees Retirement System**  
611 South Kansas Avenue ♦ Suite 100  
Topeka, Kansas 66603-3803  
Fax ♦ (785) 296-6638 Phone ♦ (785) 296-6666  
Toll-Free ♦ 1-888-ASK-KPERS (1-888-275-5737)  
[www.kpers.org](http://www.kpers.org)

## Supplemental Form - Withdrawal of Contributions

(Please type or print using black ink.)

1. Employee Name: \_\_\_\_\_ 2. Social Security Number: \_\_\_\_\_

3. Employer Name: \_\_\_\_\_ 4. Employer ID Number: \_\_\_\_\_

Dept # (Locals Only) (5)	R=Regular D=Double T=Triple (6)	Year Certified (7)	Employee Contributions Since Last Annual Report (8)	Begin Date MM DD YYYY (9)	End Date MM DD YYYY (10)
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11. Designated Agent Signature: \_\_\_\_\_

12. Department of Administration -  
Authorized Signature - (STATE AGENCIES ONLY): \_\_\_\_\_

NOTE: Use this form as a supplement to the advance certification information on the KPERS-13 form, the "Application for Withdrawal," as well as on the KPERS-60 and the KPERS-560 forms, the "Employer's Report of a Death, Disability, or On-the-Job Accident," or on any Verification of Most Recent Compensation form when there is not adequate space on the primary form to certify all employment periods.